

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**RECEIVED**  
MAY 13 1986  
U.S. EPA, REGION V  
SMALL QUANTITY GENERATOR  
Code 2

## FOR OFFICIAL USE ONLY

## COMMENTS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
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INSTALLATION'S EPA I.D. NUMBER												APPROVED												DATE RECEIVED (yr., mo., & day)											
F I L D 0 4 0 1 4 1 2 2 8												A												8 6 0 5 1 3											

## I. NAME OF INSTALLATION

PEABODY COAL CO-RIVER KING PIT #B MINE

## II. INSTALLATION MAILING ADDRESS

## STREET OR P.O. BOX

3450 JEROME LANE

## CITY OR TOWN

FAIRVIEW HEIGHTS IL 62208

## III. LOCATION OF INSTALLATION

## STREET OR ROUTE NUMBER

PO BOX 361 - 1 MILE OF NEW ATHENS

## CITY OR TOWN

NEW ATHENS IL 62264

## IV. INSTALLATION CONTACT

## NAME AND TITLE (last, first, &amp; job title)

MCDONALD DAVID G MGR-ENV

## PHONE NO. (area code &amp; no.)

618 398 7950

## V. OWNERSHIP

## A. NAME OF INSTALLATION'S LEGAL OWNER

PEABODY COAL COMPANY

## B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F - FEDERAL  
M - NON-FEDERAL

M

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

## A. GENERATION

SMALL QUANTITY GENERATOR

## B. TRANSPORTATION (complete item VII)

## C. TREAT/STORE/DISPOSE

## D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR ☐ B. RAIL ☐ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

## C. INSTALLATION'S EPA I.D. NO.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
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## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



**DC. DESCRIPTION OF HAZARDOUS WASTES (continued from front)**

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

37	38	39	40	41	42

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.31 - 261.34.)

☒ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D004)

**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME &amp; OFFICIAL TITLE (type or print)

John C. Bennett  
President - Illinois Division

DATE SIGNED

APR 30 '86



Please print or type with ELITE type (12 characters/line) in the unshaded areas only.

U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

SMALL QUANTITY GENERATOR

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

F I L D O A D I A I 2 2 8

A

8 6 0 5 1 3

## I. NAME OF INSTALLATION

P E A B O D Y C O A L C O - R I V E R K I N G P I T # 3 M I N E

## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

# 5 0 J E R O M E L A N E

CITY OR TOWN

F A I R V I E W H E I G H T S

ST.

ZIP CODE

I L 6 2 2 0 8

## III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

P O B O X 3 6 1 - 1 M I E O F

CITY OR TOWN

N E W A T H E N S

ST.

ZIP CODE

I L 6 2 2 6 4

## IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

M C D O N A L D D A V I D G M G R - E N V

6 1 8 3 9 8 7 9 5 0

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

P E A B O D Y C O A L C O M P A N Y

B. TYPE OF OWNERSHIP

(enter the appropriate letter in box)

F - FEDERAL  
M - NON-FEDERAL

M

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



**IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)**

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
01 - 04	05 - 08	09 - 12	13 - 16	17 - 20	21 - 24
25 - 28	29 - 32	33 - 36	37 - 40	41 - 44	45 - 48
49 - 52	53 - 56	57 - 60	61 - 64	65 - 68	69 - 72
73 - 76	77 - 80	81 - 84	85 - 88	89 - 92	93 - 96
97 - 100	101 - 104	105 - 108	109 - 112	113 - 116	117 - 120

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.33 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19 - 22	23 - 26	27 - 30	31 - 34	35 - 38	39 - 42
43 - 46	47 - 50	51 - 54	55 - 58	59 - 62	63 - 66
67 - 70	71 - 74	75 - 78	79 - 82	83 - 86	87 - 90
91 - 94	95 - 98	99 - 102	103 - 106	107 - 110	111 - 114
115 - 118	119 - 122	123 - 126	127 - 130	131 - 134	135 - 138

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37 - 40	41 - 44	45 - 48	49 - 52	53 - 56	57 - 60
61 - 64	65 - 68	69 - 72	73 - 76	77 - 80	81 - 84
85 - 88	89 - 92	93 - 96	97 - 100	101 - 104	105 - 108
109 - 112	113 - 116	117 - 120	121 - 124	125 - 128	129 - 132
133 - 136	137 - 140	141 - 144	145 - 148	149 - 152	153 - 156

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

40	41	42	43	44	45
46 - 49	50 - 53	54 - 57	58 - 61	62 - 65	66 - 69
70 - 73	74 - 77	78 - 81	82 - 85	86 - 89	90 - 93
94 - 97	98 - 101	102 - 105	106 - 109	110 - 113	114 - 117
118 - 121	122 - 125	126 - 129	130 - 133	134 - 137	138 - 141
142 - 145	146 - 149	150 - 153	154 - 157	158 - 161	162 - 165

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. CORROSIVE (2001)

☐ 2. FLAMMABLE (2002)

☐ 3. REACTIVE (2003)

☐ 4. TOXIC (2004)

**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

*John C. Bennett*

NAME & OFFICIAL TITLE (type or print)

John C. Bennett  
President - Illinois Division

DATE SIGNED

APR 30 '86



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ ILD040141228

PEABODY COAL CO-RIVER KING PIT NO 3 MINE  
50 JEROME LN  
FAIRVIEW HEIGHTS, IL 62208

INSTALLATION ADDRESS

1 MI E OF NEW ATHENS  
NEW ATHENS, IL 62264

M 6/13/86

